

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS597S | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/27/2009 |
| NAME OF PROVIDER OR SUPPLIER COLLEGE PARK REHABILITATION CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Z 000 | Initial Comments This Statement of Deficiencies was generated as a result of a re-licensure survey of the facility on March 24, 2009 through March 27, 2009. The survey was conducted using Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities Regulations, adopted by the Nevada State Board of Health on August 4, 2004. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | Z 000 | See next page | |
| Z342 | NAC 449.74511 Personnel Records - Licenses, TB, Background 3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188. | Z342 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

John M. Liebo
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE
Administrator

(X6) DATE

5/1/09

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| Z342 | Continued From page 1 This Regulation is not met as evidenced by: Based on personnel record review, the facility failed to include documented evidence of physical examinations and completed Tuberculosis (TB) testing on 3 of 15 employees (#6, #7, #8). Findings include: Employee #6, hired on 7/15/08, revealed evidence of a negative chest X-ray on 2/23/09, however, the record did not contain evidence of a positive TB history and evidence of a signs and symptoms checklist was completed to ensure the absence of symptoms. Employee #7, hired on 12/1/08, revealed evidence of a negative chest X-ray dated on 7/20/07 and a signs and symptoms checklist dated 2/23/09. The review revealed no evidence of documentation of the employee's positive history of TB and an initial physical examination. Employee #8, hired on 11/11/08, revealed no evidence of an initial physical examination was completed. Severity: 1 Scope: 2 | Z342 | Z342 Personnel Records The facility will include documented evidence of physical exams and TB testing. What corrective action will be accomplished for those residents affected by the deficient practice: <ul style="list-style-type: none"> • Employees #'s 6, & 7, have documented evidence of positive history of positive TB results and annual questionnaire has been completed. • Employee # 8 has a physical exam present in the file. How you will identify other residents having the potential to be affected by the same deficient practice: <ul style="list-style-type: none"> • Employee files have been audited for presence of physicals exams, histories of positive TB reaction, and annual questionnaires | |
| Z393 | Personnel Training in Dementia NAC 449.74522 Employees of facility which provides care to persons with dementia. 1. Except as otherwise provided in subsection 4, each person who is employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, who has direct contact with and provides | Z393 | | |

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| Z393 | <p>Continued From page 2</p> <p>care to persons with any form of dementia and who is licensed or certified by an occupational licensing board must complete the following number of hours of continuing education specifically related to dementia:</p> <p>(a) In his first year of employment with a facility for skilled nursing, 8 hours which must be completed within the first 30 days after the employee begins employment; and</p> <p>(b) For every year after the first year of employment, 3 hours which must be completed on or before the anniversary date of the first day of employment.</p> <p>2. The hours of continuing education required to be completed pursuant to this section:</p> <p>(a) Must be approved by the occupational licensing board which licensed or certified the person completing the continuing education; and</p> <p>(b) May be used to satisfy any continuing education requirements of an occupational licensing board and do not constitute additional hours or units of required continuing education.</p> <p>3. Each facility for skilled nursing shall maintain proof of completion of the hours of continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete continuing education pursuant to this section.</p> <p>4. A person employed by a facility for skilled nursing which provides care to persons with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, is not required to complete the hours of continuing education specifically related to dementia required pursuant to subsection 1 if he has completed that training within the previous 12 months.</p> <p>5. As used in this section, "continuing education specifically related to dementia" includes, without limitation, instruction regarding:</p> | Z393 | <p>What measures will be put into place or systemic changes will be made to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> Employee new hire check list will be utilized to prevent missing needed documentation. Re-education of staff on physicals, TB testing and annual questionnaires. <p>How you will monitor its corrective action to ensure the deficient practice is being corrected and will not recur:</p> <ul style="list-style-type: none"> Results of the audits will be tracked and trended for review at Performance Improvement meeting. <p>Monitored by: Human Resources Completion date: May 10th 2009</p> | |

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| Z393 | <p>Continued From page 3</p> <p>(a) An overview of the disease of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, which includes instruction on the symptoms, prognosis and treatment of the disease;</p> <p>(b) Communicating with a person with dementia;</p> <p>(c) Providing personal care to a person with dementia;</p> <p>(d) Recreational and social activities for a person with dementia;</p> <p>(e) Aggressive and other difficult behaviors of a person with dementia; and</p> <p>(f) Advising family members of a person with dementia concerning interaction with the person with dementia.</p> <p>This Regulation is not met as evidenced by: Based on personnel record review, the facility failed to ensure documentation of the required 8 hours of dementia training within the first 30 days of employment for 7 of 15 sampled employees (#1, #2, #6, #7, #8, #10, #14).</p> <p>Findings include:</p> <p>Employee #1, hired on 2/10/09, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Employee #2, hired on 7/28/08, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Employee #6, hired on 7/15/08, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of</p> | Z393 | <p>Z 393 Personnel Training in Dementia</p> <p>The facility will provide documentation of the required 8 hours of Dementia training.</p> <p>What corrective action will be accomplished for those residents affected by the deficient practice:</p> <ul style="list-style-type: none"> • Employees 1,2,6,7,8,10,14 have had their 8 hours Alzheimers training, <p>How you will identify other residents having the potential to be affected by the same deficient practice:</p> <ul style="list-style-type: none"> • Education files will be audited for completion of 8 hour Alzheimers class. <p>What measures will be put into place or systemic changes will be made to ensure the deficient practice will not recur:</p> <ul style="list-style-type: none"> • Alzheimers classes will be scheduled within 30 days of hire to meet the requirement. | |

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| Z393 | <p>Continued From page 4</p> <p>training.</p> <p>Employee #7, hired on 12/1/08, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Employee #8, hired on 11/11/08, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Employee #10, hired on 2/2/09, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Employee #14, hired 12/16/08, revealed no documented evidence of 8 hours of dementia training required within the first 30 days of training.</p> <p>Severity: 1 Scope: 3</p> | Z393 | <ul style="list-style-type: none"> Special classes will be held for those unable to attend scheduled class. <p>How you will monitor its corrective action to ensure the deficient practice is being corrected and will not recur:</p> <ul style="list-style-type: none"> Results of audits will be tracked and trended for review at Performance Improvement meeting. <p>Monitored by: Staff Development Coordinator</p> <p>Completion date: May 10th 2009</p> | |

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